

## TRANSMITTAL FORM

Attorney Docket No.  
**STL000040US1**  
**1716RCE**

In re the application: **Kevin D. BAIR**Confirmation No: **2095**Serial No: **09/733,429**Group Art Unit: **2161**Filed: **December 8, 2000**Examiner: **Thai, Hanh B.**For: **Method and System for Accessing Information On A Network**

## ENCLOSURES (check all that apply)

|                                     |  |  |  |                                     |   |
|-------------------------------------|--|--|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Amendment/Reply  | <input type="checkbox"/>   | Assignment and Recordation Cover Sheet           | <input type="checkbox"/>            | After Allowance Communication to Group      |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> After Final              | <input type="checkbox"/>   | Part B-Issue Fee Transmittal                     | <input type="checkbox"/>            | Notice of Appeal                            |
| <input type="checkbox"/>            | Information disclosure statement                             | <input type="checkbox"/>   | Letter to Draftsman                              | <input type="checkbox"/>            | Appeal Brief                                |
| <input type="checkbox"/>            | <input type="checkbox"/> Form 1449                           | <input type="checkbox"/>   | Drawings   | <input type="checkbox"/>            | Status Letter                               |
| <input type="checkbox"/>            | <input type="checkbox"/> (X) Copies of References            | <input type="checkbox"/>   | Petition   | <input checked="" type="checkbox"/> | Postcard                                    |
| <input type="checkbox"/>            | Extension of Time Request *                                  | <input type="checkbox"/>   | Fee Address Indication Form                      | <input type="checkbox"/>            | Other Enclosure(s) (please identify below): |
| <input type="checkbox"/>            | Express Abandonment  | <input type="checkbox"/>   | Terminal Disclaimer                              |                                     |   |
| <input type="checkbox"/>            | Certified Copy of Priority Doc                               | <input type="checkbox"/>   | Power of Attorney and Revocation of Prior Powers |                                     |   |
| <input type="checkbox"/>            | Response to Incomplete Appln                                 | <input type="checkbox"/>   | Change of Correspondence Address                 |                                     |   |
| <input type="checkbox"/>            | Response to Missing Parts                                    | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to . |  |                                     |   |
| <input type="checkbox"/>            | <input type="checkbox"/> Executed Declaration by Inventor(s) |  |  |                                     |   |

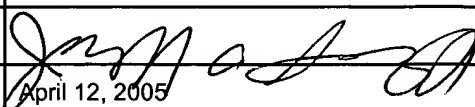
## CLAIMS

| FOR                | Claims Remaining After Amendment | Highest # of Claims Previously Paid For | Extra Claims | RATE     | FEE     |
|--------------------|----------------------------------|---|--------------|----------|---------|
| Total Claims       | 42                               | 45                                      | 0            | \$ 50.00 | \$ 0.00 |
| Independent Claims | 3                                | 3                                       | 0            | \$200.00 | \$ 0.00 |
| Total Fees         |                                  |   |              |          | \$ 0.00 |

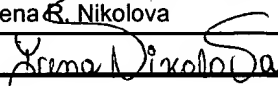
## METHOD OF PAYMENT

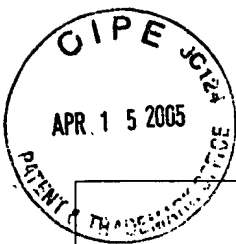
|                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/>            | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.                        |
| <input type="checkbox"/>            | Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.           |
| <input checked="" type="checkbox"/> | Charge any fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation) |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|               |   |
|---------------|---|
| Attorney Name | Joseph A. Sawyer, Jr., Reg. No. 30,801  |
| Signature     |  |
| Date          | April 12, 2005  |


## CERTIFICATE OF MAILING

|  |   |
|--|---|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 12, 2005 |   |
| Type or printed name   | Irena R. Nikolova   |
| Signature  |  |



CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop AF, the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 12, 2005.

  
Irena Nikolova

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: April 12, 2005

Kevin D. BAIR

Confirmation No. 2095

Serial No: 09/733,429

Group Art Unit: 2161

Filed: December 8, 2000

Examiner: Thai, Hanh B.

For: METHOD AND SYSTEM FOR ACCESSING INFORMATION  
ON A NETWORK

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE AFTER FINAL**

Sir:

In response to the Final Office Action dated February 15, 2005, please enter the following remarks in the present application.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 10 of this paper.